megakaryoblasts, promegakaryocytes, basophilic, polychromatophilic, oxyphilic megakaryocytes and naked (bare) nuclei of megakaryocytes. Functional activity of megakaryocytes (megakaryocytes with platelet formation) connect with degree of differentiation were evaluated. Number of lobule of megakaryocytes was accounted. The analysis of megakaryocytogram revealed the presence of atypical megakaryocytes (cell with abnormal immature cytoplasm and pyknotic nuclei, cell with separated one or all lobules of nuclei, vacuolated megakaryocytes). In group with idiopathic myelofibrosis the number of naked nuclear was prominently increased ($p<0,01$) compare with control group. These cell accounted up to 36% in average of all megakaryopoietic elements. The number of functional activity megakaryocytes in group with idiopathic myelofibrosis was increased on 30%. But, in this group appear active platelet formation accompanied with pycnotic nuclei (platelets had prominent basophilic cytoplasm). Content of basophilic, polychromatophilic and oxyphilic megakaryocytes did not differ statistically group of study and control group. In group with idiopathic myelofibrosis the number of promegakaryocytes and hyperlobulated megakaryocytes was increased in comparison with control group. These data show the up-regulation of megakaryocytic cells in bone marrow in idiopathic myelofibrosis.

Conclusion: An increase in number of promegakaryocytes, naked nuclei, active platelet formation accompanied with pyknotic nuclei, hyperlobulated megakaryocytes is characteristic for idiopathic myelofibrosis

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DIFFERENT SCHEMES OF B-CELL CHRONIC LYMPHOCYTIC LEUKEMIA (B-CLL) TREATMENT IN POPULATION AFFECTED BY THE CHERNOBYL ACCIDENT CONSEQUENCES

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The aim of the study was to evaluate different schemes of B-CLL therapy in population affected by the Chernobyl nuclear power station accident conesquences. The 32 patients with B-CLL were treated in Hematological Department of Research Centre for Radiation Medicine in postaccidental period from 1990 to 2003. 16 men aged 42-74 years with B-CLL were studied. The absorbed dose of ionizing radiation varied from 2.8 to 12 cSv but was defined not for all persons. The treatment was started from 1 to 10 months after B-CLL diagnosis. Before B-CLL treatment the most patients had total increase of lymphatic nodes, splenomegaly, hepatomegaly, toxicopaty syndroms, high frequency of infections complications, severe anemia, thrombocytopenia, hemolytic syndrome, leukocytosis. The monoclonal population of B - lymphocytic was present in bone marrow (BM) in the typical variant of B-CLL. Diffused lymphoid infiltration, forming spots of BM necrosis with moderate resorbtion, fragmentation, lysis was found on hystology of BM threpanobioptat in all patients. B-CLL in clean-up workers of the Chernobyl accident consequences is characterized by rapid progression of the disease, and diffusion defeat of BM. It has been established that the most effective programe of treatment is the combination of fludarabine with cyclophosphamide. The complete and partial remission was achieved in 11 out of 14 cases. The treatment scheme (COP, CHOP, leukerane with prednisolone) did not led to complete remission.

Conclusion. Our results of B-CLL treatment showed the high effectiveness of fludarabine-based therapy.